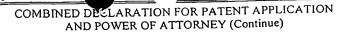
ED DE ARATION FOR PATENT A ATION POWER OF ATTORNEY (Includes Reference to PCT International Applications)



ATTORNEY'S DOCKET NUMBER 176/60181 (UR 6-11407-674)

	(Include	s Reference to PCT Interna	ational Application	ns)	1 76/60	181 (UK 6-114	07-074)		
As a below	named inventor, I her	eby declare that:				-			
My residence, post office address and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
GENETIC POLYMORPHISMS WHICH ARE ASSOCIATED WITH AUTISM SPECTRUM DISORDERS									
the specification of which (check only one item below):									
[]	is attached hereto.								
[X]	was filed as U.S. Patent Application Serial No. 09/095,117 on June 10, 1998 and was amended under PCT Article 19 on								
	(if applicable).								
[]	was filed as PCT In	ternational Application No	o on	and wa	as amended unde	r PCT Article	19 on		
	(if applicable).								
I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.									
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).									
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:									
PRIOR FO	OREIGN/PCT APPLIC	CATION(S) AND ANY P	RIORITY CLAIM	S UNDER 35 U.S.C	C. 119:				
COUNTRY (IF PCT, indicate "PCT")		') APPLICAT	APPLICATION NUMBER		.ING year)	PRIORITY CLAIMED UNDER 35 USC 119			
United States		60/0	60/049,803		7	[X] YES [] NO			
						[] YES [] NO		
						[] YES [JNO		
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application: PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C.									
120:	.s. AFF LICATIONS	ORIGI INTERNATION	L AI I DICATIO						
U.S. APPLICATIONS						JS (Check One)			
U.S. APPLICATION NUMBER		U.S. FI	U.S. FILING DATE F		PENDING	ABANDONED			
PCT APPLICATIONS DESIGNATING THE U.S.									
APP	PCT LICATION NO.	PCT FILING DATE		AL NUMBERS NED (if any)					



ATTORNEY'S DOCKET NUMBER

176/60181 (UR 6-11407-674)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727, Karla M. Weyand, Registration No. 40,223; Peter Rogalskyj, Registration No. 38,601; Gunnar G. Leinberg, Registration No. 35,584; Dennis M. Connolly, Registration No. 40,964; Edwin V. Merkel, Registration No. 40,087

Send Correspondence to:

Michael L. Goldman Nixon, Hargrave, Devans & Doyle LLP

Clinton Square, P.O. Box 1051 Rochester, New York 14603 Direct Telephone Calls to: (name and telephone number) Michael L. Goldman (716) 263-1304

1	Rochester, New York 14603				(716) 263-1304		
\parallel		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
2 0 1	/	OF INVENTOR	Rodier	Patricia	М.		
	2	RESIDENCE &	CITY	STATE/FOREIGN COUNT			
		CITIZENSHIP	Rochester	New York	United States		
	1	1	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY		
	Ì		35 Windemere Road	Rochester	New York 14610/USA		
		FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
	/		Ingram	Jennifer	L.		
	1	RESIDENCE & CITIZENSHIP	CITY STATE/FOREIGN COUNTR		1		
	- 1		Rochester	New York	United States		
Ì	2	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY		
١			235 Henrietta Street	Rochester	New York 14620/USA		
+		FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
		INVENTOR	Figlewicz	Denise	A. TRY COUNTRY OF CITIZENSHIP		
J	12	RESIDENCE &	CITY	STATE/FOREIGN COUNT			
0	0 3	CITIZENSHIP	Rochester	New York	United States STATE & ZIP CODE/CTRY		
		POST OFFICE ADDRESS	P.O. ADDRESS	CITY	New York 14620/USA		
ļ			85 Laney Road	Rochester	SECOND GIVEN NAME		
		FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME			
	ľ		Hyman	Susan	L. TRY COUNTRY OF CITIZENSHIP		
- 1	2	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNT	United States		
	0		Rochester	New York	STATE & ZIP CODE/CTRY		
	•	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	New York 14610/USA		
			142 Ambassador Drive	Rochester FIRST GIVEN NAME	SECOND GIVEN NAME		
		FULL NAME OF INVENTOR	FAMILY NAME		J.		
/	ľ		Stodgell	Christopher STATE/FOREIGN COUN			
	2	RESIDENCE & CITIZENSHIP	CITY		United States		
	0		Rochester	New York CITY	STATE & ZIP CODE/CTRY		
	5	POST OFFICE ADDRESS	P.O. ADDRESS	Rochester	New York 14607/USA		
			34 South Goodman Street, Apt. 506	Rochester	New York Trees.		
2 0 6		1	TANGU WAYANG	FIRST GIVEN NAME	SECOND GIVEN NAME		
		FULL NAME OF INVENTOR	1 MILL I WANTE				
	2		CITY	STATE/FOREIGN COUN	TRY COUNTRY OF CITIZENSHIP		
	0	RESIDENCE & CITIZENSHIP					
	6		P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY		
	1	POST OFFICE ADDRESS					
	11	1122.200			Page 2 of 3		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.							
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203					
Patricia M. Rodier	Sprifter L. Anglan	Densiden Fighway					
DATE	DATE	DATE U 0					
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 295	SIGNATURE OF INVENTOR 206					
Surve Gren	Church de toll						
DATE	DATE	DATE					
		Page 3 of 3					